Case 18-12759-mdc Doc 23 Filed 05/24/18 Entered 05/24/18 06:35:46 Desc Main Document Page 1 of 2

			Godwin		
	t Name	Middle Name	Last Name		
Debtor 2 Spouse, if filing) First	t Name	Middle Name	Last Name		
Jnited States Banki	cruptcy Court for the:	Estern	District of	Pennsylvania	
	18-12759			(State)	Oh a alvis Maia iav
If known)			-		Check if this is:
					An amended filing
					A supplement showing postpetition chapter income as of the following date:
fficial Form	า 106I				MM / DD / YYYY
chedu	le I: You	r Income			12/15

Part 1: **Describe Employment** 1. Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. If you have more than one job, attach a separate page with Employed **Employment status** information about additional ■ Not employed ■ Not employed employers. Include part-time, seasonal, or self-employed work. Occupation Occupation may include student or homemaker, if it applies. Employer's name Employer's address Number Street Number Street State ZIP Code City State ZIP Code City How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. 3. Estimate and list monthly overtime pay. 3. 0.00 0.004. Calculate gross income. Add line 2 + line 3. 4

Case 18-12759-mdc Doc 23 Desc Main Filed 05/24/18 Entered 05/24/18 06:35:46 Godwin Document Page 2 of 2 Case number (if known)_

Debtor 1

Durwin First Name Middle Name

				Foi	r Debtor 1			ebtor 2 or iling spouse	e			
	Сор	y line 4 here	4.	\$_	0.00		\$_	0.00	_			
5. L	_ist	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$			\$					
		Mandatory contributions for retirement plans	5b.									
		Voluntary contributions for retirement plans	5c.			_	\$		_			
	5d.	Required repayments of retirement fund loans	5d.	\$			\$					
	5e.	Insurance	5e.	\$			\$					
	5f.	Domestic support obligations	5f.	\$		_	\$					
	5g.	Union dues	5g.	\$		_	\$					
	5h.	Other deductions. Specify:	5h.	+\$			+ \$					
6.	Add	d the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	0.00	_	\$	0.00	_			
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	_	\$	0.00				
8.	List	all other income regularly received:										
	8a.	Net income from rental property and from operating a business, profession, or farm										
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$		_	\$					
	8b.	Interest and dividends	8b.	\$		_	\$		_			
	8c.	Family support payments that you, a non-filing spouse, or a depende regularly receive	nt			_						
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	3,500.00	-	\$		_			
	8d.	Unemployment compensation	8d.	\$		_	\$		_			
	8e.	Social Security	8e.	\$		_	\$		_			
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ice 8f.	\$		_	\$					
	8a	Pension or retirement income	8g.	\$			\$					
	0		_			-	_		_			
		Other monthly income. Specify:	8h.	+\$_	2.500.00	- 1	+\$_	0.00	=			
9.	Add	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	3,500.00	_	\$_	0.00	ᆜ	,		
		tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	3,500.00	+	\$_	0.00	_]=	=	\$3,500.00)
	Incl	te all other regular contributions to the expenses that you list in Schedude contributions from an unmarried partner, members of your household, y			ents, your ro	omm	nates, a	and other				
		ds or relatives.							,			
		not include any amounts already included in lines 2-10 or amounts that are cify:	not a	vailable	e to pay expe	enses	s listed		∍ J. 11. +	F	\$	
12.	Add	the amount in the last column of line 10 to the amount in line 11. The								ſ	3,500.00)
	Writ	e that amount on the <i>Summary of Your Assets and Liabilities and Certain S</i>	Statist	ical Inf	ormation, if it	t app	lies		12.		Sombined	
13	_	you expect an increase or decrease within the year after you file this f	form?	?							monthly inco	ome
		Yes. Explain:										